

Entered - 06/22/00 - sb
CL00L0397- ALEXIS HOLMES

CLAIM OF: SAMUEL D. CALDWELL, SR.
2613 Burkshire Road
Ellenwood, Georgia 30049

01-R -1539

For damages alleged to have been sustained as a result of claimant's
hubcaps being stolen off his vehicle on June 9, 2000 at 128 Claire
Drive.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert, City DCA*

C-22

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0397

Date: September 10, 2001

Claimant /Victim SAMUEL D. CALDWELL, SR.

BY: (Atty)(Ins. Co.) _____

Address: 2613 Burkshire Road, Ellenwood, Georgia 30049

Subrogation: _____ Claim for Property damage \$ 120.00 Bodily Injury \$ _____

Date of Notice: 06/19/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/09/00 Place: 128 Claire Drive

Department Admn. Services Division: Motor Transport

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his hubcaps were stolen off of his vehicle while it was parked in the employees parking lot. The City is not liable for the criminal actions of third parties and is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,

Alexis Holmes
INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager: [Signature] Concur/date 09-10-01

Committee Action _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
68 Mitchell Street, S.W.
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

TODAY'S DATE: 6-12-00

Dear Sir:

ENTERED - 6-22-00 - SB

This is to notify the City of Atlanta that I have suffered damages in the sum of \$120.00 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 6-9-00 (month day year)
2. Police called: ☒ (yes) ☐ (No)
3. Location of incident: 128 CLAIR DR ON THE JOB
4. Name of your insurance company: Liberty Mutual Policy # 102-251-94993
5. State what and how incident occurred: the STATE of GA on my Job: knock-off were stolen off car while in employees parking lot.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. (use other side if necessary)
FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages.
Complete the following and attached two (2) estimates of repair.

Your vehicle: Buick 91 572 WET Samuel D. Caldwell Sr.
(make) (year) (tag#) (driver's name)

City vehicle: _____
(make) (driver's name) (department)

8. Witness: Travis Danner 128 Clair Drive 4/624-0799
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

Samuel D. Caldwell Sr. (SEAL)
(claimant)
2613 Burtshire Rd.
(address)
Ellenwood GA 30049
(city) (state) (zip)

(work) 366-4349 (home) 624-0799
(phone) (work)